



MEDICAL BOARD OF CALIFORNIA
 BOARD OF PODIATRIC MEDICINE
 1420 HOWE AVENUE, SUITE 8
 SACRAMENTO, CA 95825-3229
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NAME CHANGE NOTIFICATION\DUPLICATE LICENSE APPLICATION

DUPLICATE LICENSE FEE: \$40

The Board of Podiatric Medicine will record a name change and issue a duplicate license if the name is an adopted name for all purposes and the change is not made for fraudulent reasons.

DECLARATION

I hereby certify that I am licensed to participate podiatric medicine in the state of California and hold license number E- _____ issued under the name _____ and that I have assumed the name _____

based upon the following (check one):

_____ Court Order _____ Marriage _____ Naturalization

_____ Dissolution of Marriage _____ Other: _____

I declare under penalty of perjury that the foregoing is true and correct.

Signature _____ Date _____

Submit certified copies of the following documents as applicable along with this form, fee, and previously-issued wall certificate bearing former name to the above address. See reverse side for photograph requirement.

- Marriage Certificate/Final Dissolution Decree
- Notarized Statement Attesting to Fact of Name Change Due to Naturalization or Other Reasons
- Copy of Court Order

PHOTOGRAPH

Attach a photograph, approximately 3" X 4", taken within 60 days of this application in the space provided.

Your signature must appear on the photograph, placed so as not to interfere with identification.

